## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10,64 2340

| <u> </u>  |   |   |                                       |                               |                              |                                     |     |                     | 10,00                  |         | 27                        |                        |
|---|---|---|---------------------------------------|-------------------------------|------------------------------|-------------------------------------|-----|---------------------|------------------------|---------|---------------------------|------------------------|
| CLAIMS AS FILED - PART I<br>(Column 1)  |   |   |                                       |                               | (Column 2)                   |                                     |     | SMALL ENTITY TYPE   |                        | OR      | OTHER THAN R SMALL ENTITY |                        |
| TOTAL CLAIMS  |   |   | 3                                     |                               |                              |                                     | ſ   | RATE                | FEE                    |         | RATE                      | FEE                    |
| FOR   |   |   | NUMBER FILED                          |                               | NUMBER EXTRA                 |                                     |     | BASIC FEE           | 375.00                 | OR      | BASIC FEE                 | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | 3 minus 20=                           |                               | *                            |                                     |     | X\$ 9=              |                        | OR      | X\$18=                    |                        |
| INDEPENDENT CLAIMS  |   |   | minus 3 =                             |                               | *                            |                                     |     | X42=                |                        | OR      | X84=                      |                        |
| ML  | LTIPLE DEPEN                            | DENT CLAIM P                              | RESENT .                              |                               |                              |                                     |     | +140=               |                        | OR      | +280=                     |                        |
| * If the difference in column 1 is less than zero, er   |   |   |                                       |                               | "0" in c                     | olumn 2                             | 1   | TOTAL               | 375                    | OR      | TOTAL                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2)   |   |   |                                       |                               |                              | (Column 3)                          |     | SMALL               | ENTITY                 | OR      | OTHER<br>SMALL            |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA                    |     | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total                                   | *   | Minus                                 | **                            |                              | =                                   |     | X\$ 9=              |                        | OR      | X\$18=                    |                        |
|   | Independent                             | *   | Minus                                 | ***                           | F.CL AIRA                    | =                                   |     | X42=                |                        | OR      | X84=                      |                        |
| L_  | FIRST PRESE                             | NTATION OF M                              | ULTIPLE DEF                           | ENDEN                         | CLAIM                        |                                     | ,   | +140=               |                        | OR      | +280=                     |                        |
|   |   |   |                                       |                               |                              |                                     |     | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE       |                        |
|   |   |   |                                       |                               |                              |                                     |     |                     |                        |         |                           |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       |                               | BER<br>OUSLY                 | PRESENT<br>EXTRA                    |     | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total                                   | *   | Minus                                 | **                            |                              | =                                   |     | X\$ 9=              |                        | OR      | X\$18=                    |                        |
|   | Independent                             | *<br>NTATION OF M                         | Minus                                 | ***                           | CL AIA                       | =                                   |     | X42=                | 7                      | OR      | X84=                      |                        |
| <u> </u>  | THOI PHESE                              | NIATION OF M                              | OLTIPLE DEF                           | ENDEN                         | CLATIVI                      |                                     | ا ر | +140=               |                        | OR      | +280=                     |                        |
|   |   |   |                                       |                               |                              |                                     |     | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE       |                        |
|   |   | (Column 1)                                |                                       |                               | mn 2)                        | (Column 3)                          |     |                     |                        |         |                           |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                    |     | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total                                   | *   | Minus                                 | **                            |                              | =                                   | ] [ | X\$ 9=              |                        | OR      | X\$18=                    |                        |
|   | Independent                             | *   | Minus                                 | ***                           | T OL A12                     | =                                   | 1   | X42=                |                        | OR      | X84=                      |                        |
| ا   | THEST PHESE                             | NTATION OF M                              | IULI IPLE DEI                         | -ENDEN                        | CLAIM                        | <u></u>                             | ا ۱ | +140=               |                        | OR      | +280=                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR  ADDIT. FEE  ADDIT. FEE |   |   |                                       |                               |                              |                                     |     |                     |                        |         |                           |                        |
| "   | *If the "Highest Nu<br>The "Highest Nun | imber Previously F<br>nber Previously Pa  | raid For" (N IH)<br>aid For" (Total o | r Independ                    | is less the<br>dent) is the  | बा। उ, enter "3."<br>e highest numb |     |                     | propriate bo           | x in co | olumn 1.                  |                        |